

TWO STAGE VETTING CONSENT FORM

Client/Buyer Name		
Address		
Postcode		
Dear (Veterinary Surgeo	on)	
Re (Horses Name)		
Horses Age/ Colour/ Ge	nder	
I am considering the p	urchase of the horse described abo	ve and currently owned by
Seller Name		
Address		
Postcode		
For the purpose of		
information found on o		ination of the horse as detailed in the Vetting and these notes and I wish to undergo the limited edure.
	or to the examination the extent of t be discovered during a full five stag	he limited form of examination may not reveal certain e vetting examination.
Date		
Signed		
(If signed by an agent on behalf of the client please complete the name and relationship below)		
Name (in BLOCK CAPIT	 ΓALS) Rel a	tionship to client